Republic of the Philippines
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UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT

PHILHEALTH CIRCULAR
No. 2022 - 0010

TO : **ALL PHILHEALTH MEMBERS, ACCREDITED HEALTH CARE PROVIDERS, PHILHEALTH REGIONAL OFFICES, BRANCHES, LOCAL HEALTH INSURANCE OFFICES AND ALL OTHERS CONCERNED**

SUBJECT : **Facility-Based COVID-19 Rapid Antigen Testing Benefit Package**

I. RATIONALE

On March 11, 2020, the World Health Organization (WHO) declared a pandemic of the Coronavirus Disease 2019 (COVID-19). Subsequently, Presidential Proclamation No. 929 s.2020 (Declaring A State of Calamity Throughout the Philippines Due to Corona Virus Disease 2019) declared a State of Calamity throughout the Philippines due to the increasing number of individuals infected with the Coronavirus.

The response of the national government to this pandemic was the legislation of Republic Act (RA) No. 11469 (An Act Declaring The Existence of a National Emergency Arising From the Corona Virus Disease 2019 (COVID- 19) Situation And A National Policy In Connection Therewith, And Authorizing the President of the Republic of the Philippines For A Limited Period And Subject To Restrictions, To Exercise Powers Necessary And Proper To Carry Out The Declared National Policy And For Other Purposes) and further strengthened by the enactment of RA No. 11494 (Bayanihan to Recover as One Act) that envisioned a coordinated whole-of-government and whole-of-society approach to eradicate COVID-19.

Under the Universal Health Care Act (RA No. 11223), PhilHealth shall ensure equitable access to quality and affordable health care goods and services for all Filipinos and protection against financial risk. In October 2020, the Health Technology Assessment (HTA) Council recommended using rapid antigen tests for targeted screening and diagnosis of the suspect and probable cases of COVID-19 that meet the clinical and/or epidemiologic criteria in a hospital setting. It is further supported by DOH Department Memorandum No. 2022-0013 (Updated Guidelines On Quarantine, Isolation, and Testing for COVID-19 Response and Case Management for the Omicron Variant), recommending the use of Rapid Antigen Tests for symptomatic individuals.

By providing coverage for facility-based COVID-19 Rapid Antigen Test, PhilHealth through PhilHealth Board Resolution No. 2682 s. 2022 (Resolution Approving the Benefits Package for Rapid Antigen Test for COVID-19) shall cover COVID-19 Rapid Antigen Test.

MASTER COPY Date: 5/27/22 DC:

II. OBJECTIVES

The policy aims to develop guidelines in:

A. Supporting the rational use of facility-based rapid antigen tests in defining PhilHealth coverage for COVID-19 benefits; and

B. Providing a benefit package for the use of facility-based rapid antigen tests in diagnosing COVID-19.

III. SCOPE

This PhilHealth Circular shall apply to cases requiring confirmation of COVID-19 through PhilHealth-approved rapid antigen test kits.

IV. DEFINITION OF TERMS

A. **Facility-based Rapid Antigen Test** – The antigen test administered by a trained healthcare worker in a health facility using an FDA-approved rapid antigen test kit.
B. **Isolation** - The separation of ill or infected persons from others to prevent the spread of infection or contamination.
C. **Symptomatic Patient** – Any patient who has at least one of the following symptoms:
   1. Fever
   2. Cough
   3. Coryza (Acute Rhinitis/Acute Viral Nasopharyngitis/Cold)
   4. Sore Throat
   5. Diarrhea
   6. Anorexia/Nausea/Vomiting
   7. Loss of Sense of Smell or Taste
   8. General Weakness/Body Malaise/Fatigue
   9. Headache
   10. Myalgia (Muscle Pain And Muscle Ache)

V. POLICY STATEMENTS

A. Benefit Package

1. The Facility-Based COVID-19 Rapid Antigen Test (RAT) Package shall include all identified services needed to effectively test for COVID-19 using FDA-approved rapid antigen test kits in accordance with existing relevant clinical practice guidelines and DOH regulations and as approved and adopted by the Corporation.
2. The package shall be available to symptomatic patients managed by COVID-19 Home Isolation Benefit Package (CHIBP) and COVID-19 Community Isolation Benefit Package (CCIBP) providers, and patients admitted in accredited hospitals and infirmaries/dispensaries.
3. The complete services or minimum standards included in the Facility-Based COVID-19 Rapid Antigen Testing Benefits Package Services and Rate are as follows:
   a. Screening;
   b. Specimen Collection;
   c. Specimen Handling;

d. Conduct of Test (including rapid antigen test kit and supplies); and
e. Analysis and reporting of results.

4. The package code and package rate are as follows:

Table 1: COVID-19 Rapid Antigen Testing[1] Benefit Package Code and Rate

Code	Rate	Facilities
C19AT1	Php 500	CHIBP and CCIBP Providers; Hospitals and infirmaries/dispensaries (primary care facilities with beds

B. Availment of the Benefit Package

1. Symptomatic patients registered under the National Health Insurance Program (NHIP), in determining whether they require isolation or admission, shall be eligible to avail of the Package.

2. Filipinos who are not yet registered under the Program shall be eligible to the package, provided that members complete and submit an accomplished PhilHealth Member Registration Form (PMRF) for the issuance of the PhilHealth Identification Number (PIN) or inclusion of the dependent upon availing of the benefit package. The patient, through the provider, shall submit the accomplished PMRF.

3. Eligibility to the benefit package of a non-Filipino member or dependent shall be in accordance with the existing guidelines on the enrollment of foreign nationals whether Employed or under the Informal Economy Program.[2]

4. Rapid Antigen test results shall be considered satisfactory in determining whether the patient has COVID-19. Patients with a positive Rapid Antigen test result shall not have to secure an RT-PCR test as a requirement in availing of any of PhilHealth COVID-19 packages. Should the provider file a second claim to retest a patient with a valid confirmatory test using a different testing method within the same period of admission or isolation, the second claim shall be denied regardless of the test result.

MASTER COPY Date: 5/27/22 DC: 145

C. Rules on Claims Filing

1. Only COVID-19 Rapid Antigen Tests conducted by PhilHealth-accredited CHIBP/CCIBP or PhilHealth-accredited hospitals, infirmaries/dispensaries (primary care facilities with beds), shall be allowed to file claims for the reimbursement of the said package.

2. Symptomatic patients, for the purpose of determining whether the patient is for isolation, shall be eligible to claim for the benefit. Please refer to the Health

[1] List of Antigen Test Kits with FDA Special Certificate: https://bit.ly/3KskI7a; DOH DM 2022-0002: Advisory on COVID-19 Protocols for Quarantine and Isolation https://doh.gov.ph/sites/default/files/health-update/dc2022-0002.pdf; DOH DM 2022-0013: Updated Guidelines on Quarantine, Isolation, And Testing for COVID-19 Response and Case Management for the Omicron Variant https://www.officialgazette.gov.ph/2022/01/14/doh-department-memorandum-no-2022-0013/

[2] https://www.philhealth.gov.ph/circulars/2017/circ2017-0003.pdf

Assessment Form for Rapid Antigen Testing (Annex A). This shall exclude coverage for tests conducted on asymptomatic individuals. PhilHealth shall directly pay the package rate to the identified PhilHealth-accredited healthcare provider. COVID-19 Rapid Antigen Tests conducted by non-PhilHealth accredited healthcare providers or for purposes outside what is defined by PhilHealth shall not be reimbursable.

3. The patient shall have at least one of the following symptoms, to be eligible for COVID-19 Rapid Antigen Test:
   a. Fever
   b. Cough
   c. Coryza (Acute Rhinitis/Acute Viral Nasopharyngitis/Cold)
   d. Sore Throat
   e. Diarrhea
   f. Anorexia/Nausea/Vomiting
   g. Loss of Sense of Smell or Taste
   h. General Weakness/Body Malaise/Fatigue
   i. Headache
   j. Myalgia (Muscle Pain And Muscle Ache)

4. The package shall be claimed only once per admission or per period of isolation.

5. It is highly recommended for providers to refrain from retesting patients with a valid test result except when the result of the RAT is negative, for which an RT-PCR test is warranted. RT-PCR test results shall take precedence in determining if the patient is COVID-19 positive or not, in instance when the patient has more than one (1) valid confirmatory test results within the same period of admission. In such cases PhilHealth will only cover the RT-PCR test.[3]

6. Claims for facility-based RAT will not be treated as an overlapping claim if the test is done during or after confinement or procedure.

7. All tests conducted in accordance with the aforementioned standards shall be reimbursable irrespective of the result of the test.

8. All claims for COVID-19 Rapid Antigen Test shall be submitted electronically with complete documentary requirements. The health care providers shall file the claims via eClaims. Scanned copy of the following documents shall be attached:
   a. Copy of properly accomplished Case Investigation Form (CIF);
   b. Copy of the Laboratory Test Result or Medical Certificate (Annex B); and
   c. Properly accomplished PhilHealth Membership Registration Form (PMRF) (as applicable, in accordance with existing pertinent policies on member registration).

9. COVID-19 Rapid Antigen Test Benefit Package (Package Code: C19AT1) is claimable in accredited CCIBP or CHIBP providers; hospitals and infirmaries/dispensaries with the following rules on claims filing:

[3] PC 2022-0003 Benefit Packages for Inpatient management of Confirmed Coronavirus Disease (COVID-19) and Clarification of Coverage of Probable Cases

Table 2. Rules on Claims Filing

Accredited Providers	Service/s Provided	Benefit Package/s to Be Claimed
CCIBP or CHIBP providers	Rapid antigen test only	Claim rapid antigen test (C19AT1) as a separate claim
	Rapid antigen test and Isolation (community isolation or home isolation)	• Claim isolation benefit (home as C19HI or community as C19CI or C19CIS) • Claim rapid antigen test (C19AT1) as a separate claim
Hospitals or infirmaries/ dispensaries	Rapid antigen test only	none
	Rapid antigen test and Inpatient management	• Claim inpatient admission (applicable ACR) • Rapid antigen test (C19AT1) as a separate claim

10. All claims submitted shall be processed by PhilHealth within sixty (60) calendar days from receipt of claims provided that all requirements are submitted.

11. The filing period for claims shall be subject to prevailing PhilHealth policies and guidelines including special privileges granted during fortuitous events.

12. Claims with incomplete requirements or discrepancies shall be returned to the health facility (RTH) for compliance within 60 calendar days from receipt of notice.

13. The accredited facility may apply for motion for reconsideration for all denied claims based on existing PhilHealth policies.

D. Monitoring and Evaluation

1. All PhilHealth-accredited facilities claiming for this benefit package shall be subject to the rules on monitoring prescribed by PhilHealth.

2. Feedback mechanisms on the package implementation shall be established to address implementation issues and concerns.

3. PhilHealth shall conduct a periodic review of this policy and specific provisions shall be revised as needed.

4. The accredited facility shall keep the patient's medical chart and monitoring sheet. These records must be made available upon the request of PhilHealth.

E. List of Annexes (May be accessed in the PhilHealth Website)

Annex A: Health Assessment Form for Rapid Antigen Testing
Annex B: Sample Medical Certificate

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with the pertinent provisions of Republic Act No. 7875, as amended by Republic Act Nos. 9241 and 10606 (National Health Insurance Act of 2013) and Republic Act No. 11223 (Universal Health Care Act), and their respective Implementing Rules and Regulations.

VII. TRANSITORY CLAUSE

Manual submission of claims from CHIBP providers shall be allowed until such time that a notification of termination is released through a PhilHealth Advisory.

VIII. SEPARABILITY CLAUSE

If any provision of this PhilHealth Circular shall be declared invalid, unconstitutional, or unenforceable, the validity of the remaining parts or provisions not affected shall remain in full force and enforceable.

IX. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation. A copy shall thereafter be deposited to the Office of the National Administrative Register (ONAR) at the University of the Philippines Law Center.

ATTY. DANTE A. GIERRAN, CPA
President and Chief Executive Officer (PCEO)

Date signed: 5/25/2022

MASTER COPY
DC: 1495 Date: 5/27/22

Health Assessment Form for Rapid Antigen Testing

1. Name of Patient (Pangalan ng Pasyente): _____
2. Sex (Kasarian) : _____
3. Age (Edad) : _____
4. PhilHealth PIN: _____
5. Contact Numbers (Numerong Matatawagan):
   a. Landline _____
   b. Mobile _____
6. Home Address (Tirahan) : _____
   _____
7. Have you been sick of any of the following in the past 14 days? (Nakaramdam ka ba ng mga sumusunod sa nakalipas na 14 araw.)

	(YES)	(NO)
• Fever (Lagnat)	[ ]	[ ]
• Colds (Sipon)	[ ]	[ ]
• Cough (Ubo)	[ ]	[ ]
• Sore Throat (Pangangati ng lalamunan)	[ ]	[ ]
• Difficulty in Breathing (Hirap sa Paghinga)	[ ]	[ ]
• New Loss of Taste or Smell	[ ]	[ ]
• Headache (Sakit ng Ulo)	[ ]	[ ]
• Vomiting (Pagsusuka)	[ ]	[ ]
• Myalgia (Pananakit ng mga Kalamnan)	[ ]	[ ]

I hereby certify that the information given are true, correct and complete, I understand that failure to answer any false/wrong information given may be ground for filing a criminal case against me under Articles 171 and 172 of the Revised Penal Code of the Philippines (Ako ay nagpapatunay na ang impormasyong ibinigay ko ay tiyak na tama at kompleto. Naiintindihan ko na ang hindi pagsagot o pagbibigay ng maling impormasyon ay maaaring maging basehan sa pag sampa ng kaso laban sa akin ayon sa articles 171 and 172 of the Revised Penal Code of the Philippines.)

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_____ _____
Name and Signature of Personnel Date signed
(Pangalan at Pirma)

Annex B: Sample Medical Certificate

Notes to the Healthcare Provider:

This serves as the official medical certificate accepted by PhilHealth and shall be used as supporting document for claims reimbursement of COVID-19 Rapid Antigen Testing Benefit Package. By submitting this form, you have acknowledged that the personal information collected will be used in connection with this claim for reimbursement before PhilHealth.

Any accredited healthcare facility submitting claims may be required to provide additional information and will be notified when further information is required.

(TESTING CENTER LETTERHEAD)

The following sections are to be completed by the Physicians:

Name:			
Age:	Sex:	Birthdate:	Date Performed:
PhilHealth No.:			

Test Method Used: Rapid Antigen Test

Rapid Antigen Test Kit Brand: _____

Specimen used:

- ☐ Nasal
- ☐ Nasopharyngeal
- ☐ Oropharyngeal

Result: _____

Date of Result: _____

This is to certify that the aforementioned patient was tested for COVID-19 Rapid Antigen Test and the information provided herein is true and correct.

(Signature of Physician)
Name of Physician
PRC License No.

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